

WATER WELL REPORT

STATE OF WASHINGTON

Application No.

Permit No.

(1) OWNER: Name PENN Cove Assoc Address 9700 LAKE CITY NE 98115
 (2) LOCATION OF WELL: County ISLAND — NW 1/4 NW 1/4 Sec 30 T.32 N. R. 1E W.M.
 Bearing and distance from section or subdivision corner

(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐
 Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) 2
 New well ☒ Method: Dug ☐ Bored ☐
 Deepened ☐ Cable ☒ Driven ☐
 Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
 Drilled 23.1 ft Depth of completed well 23.1 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 22.1 ft.
 Threaded ☐ " Diam. from _____ ft. to _____ ft.
 Welded ☐ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Johnson
 Type STAINLESS Model No. _____
 Diam. 6 Slot size 12 from 22.1 ft. to 22.6 ft.
 Diam. 6 Slot size 16 from 22.6 ft. to 23.1 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18.1 ft.
 Material used in seal BENTONITE
 Did any strata contain unusable water? Yes ☐ No ☒
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type: _____ H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level 200 ft.
 Static level 192 ft. below top of well Date JAN 86
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? 129 DOE
 Yield: 35 gal./min. with 10 ft. drawdown after 1 hrs.
 " 35 " " 12 " " 2 "
 " 35 " " 12 " " 4 "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
1 min	194.1	20 min	193.3	2 hrs	192 (SL)
2 min	194 -	1 hr	193		
10 min	193.4	1 1/2	192 1/4		

Date of test JAN 86
 Baller test 15 gal./min. with _____ ft. drawdown after 4 hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes ☒ No ☐

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
HARD PAN	0	68
SANDY	68	127
CLAY	127	150
DIRTY SAND	150	181
SANDY CLAY	181	185
DIRTY SAND	185	197
SANDY CLAY	197	205
WATER SAND	205	231

35 GPM WITH 12' DRAW DOWN
AFTER PUMPING 4 HOURS

JAN 24 1986
 DEPARTMENT OF ECOLOGY
 NORTHWEST REGION

Work started 1986 Completed JAN 1986

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME WHIDREY WELL DRILLERS
 (Person, firm, or corporation) (Type or print)

Address OAK HARBOR W.N.

[Signed] Connie Fabe
 (Well Driller)

License No. 129 Date JAN 1986

(USE ADDITIONAL SHEETS IF NECESSARY)

WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Sec # 1 SWITCH

Unique Well Tag No: AGA 885

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: SKYMEADOWS COMM. ASSN Last Name: _____

Street Address: 42705-G

City: _____ State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: NEXT TO 785 SNOWBERRY DR

City: _____ County: _____

T. _____ N. R. _____ W.M. Sec. _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" CASING TOP OFF HILL

WELL HOUSE ATTACHED TO SIDE OF PUMP HOUSE

PAINTED BROWN AND RES. ADJACENT

Location of Well identification Tag:

CASINE

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
F	F	G	H
M	L	K	J
P	P	Q	R

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

REMARKS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One: Application

Permit

Certificate

Claim

Exempt